VERMONT
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH UPDATE
June 17, 2009

Pieces Of History In Vermont Mental Health

The "Pieces of History" series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1986 Vermont received a 5-year Child, Adolescent, and Service System Project (CASSP) system planning grant to help state mental health agencies design a system of care so families could better meet the needs of their children with a severe emotional disturbance. In 1986, the grant's Coordinator and 24-member Steering Committee began meeting around the state to solicit feedback from families, providers, advocates, and stakeholders about what was working and what wasn't, as well as their thoughts on what would help to improve the situation. There was much agreement around the state on the basic problems:

- needed services did not exist or exist in sufficient quantity;
- the departments serving families and children used eligibility criteria;
- if a child needed services from more than one department, each department's services, plan, and funding remained separate from all other department services, plan, and funding;
- parents felt uniformly judged to be the cause of their child's mental health issues;
- most schools and teachers were not trained to work with these young people who often ended up as "discipline problems" and were frequently suspended or expelled or sent to a special school. Of all 14 special education disability populations, the emotional disability group had the lowest high school completion rate.

Once the Steering Committee achieved basic agreement on what was needed for an interagency system of care, they decided to incorporate their major design elements into law. Several subcommittees were formed and took on the responsibility of drafting the content for separate sections of a bill. The subcommittees also researched relevant information from other states. Concepts that addressed our basic issues were adapted to Vermont conditions and culture and then written into draft legislation. The legislation was passed as Act 264 and signed into law by then-Governor Madeline Kunin in 1988.

ADULT MENTAL HEALTH

ElderCare

The quarterly meeting of ElderCare clinicians was held Thursday June 11 in Barre. The ElderCare program is a joint initiative of Mental Health Services and the Department of Aging and Disabilities, and provides mental health services for the elderly statewide through the Designated Agencies (DA). Many of the services are delivered in the elders' homes. ElderCare staff are located either at the DA or at the Area Agency on Aging offices and provide evaluation and treatment to elders, as well as assistance to other community agencies working with elders. About 400 people are served each year.

Development Proposal for Peer-Run Crisis Alternative Program Released

Shery Mead and Lenora Kimball recently completed a development proposal for the creation of a Peer-Run Crisis Alternative Program through the Vermont Futures Project. This plan is based on a six-month assessment and planning process guided by the Futures Peer Support Program Development Workgroup. The workgroup will be presenting this plan, along with recommendations for next steps, at the next meeting of the Futures Transformation Council on June 29th.

The proposal can be found at the Department of Mental Health Website at: http://healthvermont.gov/mh/futures/documents/DMH-Futures_Peer_Support_Proposal_Part1.pdf. For more information, contact Nick Nichols @ nick.nichols@ahs.state.vt.us or 802-652-2000.

CHILDREN'S MENTAL HEALTH

Transition Grant Cultural and Linguistic Coordinator

The Child, Adolescent and Family Unit (CAFU) of the Vermont Department of Mental Health is pleased to introduce Mercedes Avila**,** who has been hired by the HowardCenter on behalf of the Youth in Transition Grant, to serve as the part-time Cultural and Linguistic Coordinator. This state-wide position is charged with ensuring that "all of the services and strategies of the Youth in Transition Grant are designed and implemented within the cultural and linguistic context of the youth and families to be served".

Mercedes is from Argentina and has lived in Vermont for almost seven years. Her two most recent positions included coordinating the first Even Start Family Literacy Program in Vermont (in Chittenden County) for refugees and immigrants, and working as the Best Practices Coordinator in charge of the Quality Assurance Department of Macro International's Data Collection Call Center in Burlington.

Before coming to the USA, Mercedes was a teacher/coordinator for 10 years in Argentina teaching English as a Second Language in rural high schools, colleges and universities. She has a Certification in English Language Teaching to Adults from the University of Cambridge, England, and holds a BA in English from an Argentine university and a Master's degree in Educational Leadership from UVM.

She has conducted research in foreign languages phonology and multiculturalism both in England and in graduate school. Spanish is her first language but she is also fluent in English and Portuguese.

Given her research background, it may not be surprising to know that Mercedes has also just been hired by the Vermont Child Health Improvement Project (VCHIP) at UVM as a part-time evaluator for Vermont's Youth Suicide Prevention Grant. Her roles as Cultural and Linguistic Coordinator for the Youth in Transition Grant and Evaluator for the Youth Suicide Prevention Grant ensure a continual and rich exchange of information with multiple stakeholders about the needs of young adults.

Mercedes tells us, "I love learning and I am passionate about all aspects of education because I believe all students can learn given a positive learning atmosphere. Furthermore, education breaks the intergenerational cycle of poverty, makes students independent thinkers and leads to understanding and respect among peoples."

Her contact information is: mavila@howardcenter.org and can be reached at: (802) 488-6739.

Intensive Family-Based Services and Access Workgroup

The workgroup formed to review the current Intensive Family-Based Services (IFBS) and Access programs continues to meet and work on the following goals:

- Identify the best mental health, substance abuse, child welfare and juvenile justice practices for family treatment and support.
- Recommend a practice model for Vermont to the commissioners of the participating departments.
- Identify the implementation requirements including training, leadership, management and resources.
- Recommend a model to the Justice for Children Taskforce.

The workgroup includes the following partners:

- Department of Mental Health (DMH)
- Department for Children and Families' (DCF) Family Services Division
- Department of Health's (VDH) Alcohol and Drug Abuse Programs (ADAP)
- Juvenile Justice (JJ) and
- the provider system.

The workgroup has spent the first few meetings reviewing the research and hearing about the practices within the Community Mental Health Centers and ADAP as well as the new practices being implemented by Family Services: Family Group Conferencing, Family Safety Planning, and Family Time Coaching. The research and articles pertaining to family systems treatment on the can be found on the DMH website (www.healthvermont.gov/mh/boards/IFBS).

The workgroup's next steps are to identify the elements from recent research and these programs we would want included in a new version of IFBS and Access.

Training Offered on *Lifelines Program*

The Center for Health and Learning is pleased to announce its fall schedule of trainings for the Vermont Youth Suicide Prevention Project, which is funded by a three-year, 1.5 million dollar grant from the Substance Abuse and Mental Health Services

Administration (SAMHSA). *The Lifelines Program for Suicide Prevention: Creating Communities of Hope* will be offered three times in three separate locations: September (Stowe), October (Killington) and November (Montpelier). This two-day training is a prerequisite for the implementation of the *Lifelines* curriculum in Vermont middle and high schools.

The *Lifelines* curriculum is a research-based, field-tested program that encourages students to understand the crucial role they play in identifying suicidal behavior in their friends (or themselves), providing an appropriate response, knowing how to find help, and most importantly, being inclined to take such action. Through discussion, videos and four interactive classroom lessons, they learn that suicide is preventable and that caring adults are available to help.

For the fall training, each participating school will be asked to create a team that includes: an Administrative Sponsor, who will be responsible for following through on the school's commitment to the program; a School Liaison, who will act as the school's point person for information about suicide prevention trainings, interventions or attempts in the community; a Community Liaison, who will maintain communication between the school and other community professionals; and a Health Teacher who will implement the four lessons of the *Lifelines* curriculum in the classroom. The curriculum trainings will be offered in winter 2009-10.

The fall trainings, which include participant materials and a catered lunch, are being underwritten by funding from the Garrett Lee Smith Memorial Act, which is administered in Vermont by the Center for Health and Learning with the support of the Vermont Department of Mental Health and the Vermont Youth Suicide Prevention Coalition (VYSPC). To register, visit www.healthandlearning.org. For information on *Lifelines,* as well as the Vermont Youth Suicide Prevention Project, contact: Brian Remer, Center for Health and Learning, (tel): 802-254-6590, (fax): 802-254-5816, brian@healthandlearning.org.

FUTURES PROJECT

Secure Recovery Residence (SRR)

DMH began meeting with stakeholders on the two core aspects of programming for the SRR---the architectural program of space and the clinical recovery program. Facility design considerations are interwoven with the goals, values, and principles of recovery. Each area of programming requires a focus on the specific requirements that will best meet the needs of the populations to be served, creating a recovery-oriented environment in a secure setting.

Architectural Programming

At the first architectural planning meeting on June 5th, the ground was laid for development of architectural models. Buildings and General Services (BGS) is looking at potential sites in Waterbury for the program. Ideas were put forward about possible ways to create residential living areas distinct from work activity and common areas. Additional ideas included a place for families to visit, library and computer resources, spiritual and quiet areas, indoor and outside exercise and recreation areas.

Recovery Programming

At the first recovery programming meeting began with a discussion of the values and principles for recovery-oriented services. Several goals were added to the draft discussion materials, including:

1. The program should focus on the quality of the resident's life today;
2. Programming should differ according to individual needs and lengths of stay, and better reflect where the individual is in his/her recovery;
3. Programming should introduce and develop community skills and building social connections within and outside the SRR;
4. Programming should be based on the rhythms of the day – work, home, and develop skills in both area;
5. All parts of the 24 hour cycle of the day should be regarded as a learning opportunity;
6. Programming should develop people's self-efficacy in voluntary choices, across the range of life activities and as choice applies to issues of involuntary admission and involuntary medications.

A summary of the discussion to date, meeting handouts and upcoming meetings can be found at http://healthvermont.gov/mh/futures/SecureResidentialRecovery.aspx

VERMONT STATE HOSPITAL

Trauma Informed Care

Education and Training at VDH began offering a 90 minute presentation on Trauma informed care in March 2009 at the end of each set of Pro-ACT classes. The prevalence of exposure to trauma is startling. According to research studies, 90% of public mental health clients have been exposed to and most have actually experienced multiple experiences of trauma. It is well documented that undiagnosed and untreated trauma experiences may lead to serious psychological impairments. Working from a trauma framework and understanding clients and their symptoms in the context of their life experiences, their cultures, and their society is the most helpful, respectful and empowering clinical model for helping childhood abuse survivor clients. Across the lifespan the effects of trauma are profound.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 49 as of midnight Tuesday. The average census for the past 45 days was 49.2